

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/8/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7/13/99
FORMALITY REVIEW		49652	09/17/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/8/99
2	✓	✓	9/8/99
3	✓	✓	9/8/99
4	✓	✓	9/8/99
5	✓	✓	9/8/99
6	✓	✓	9/8/99
7	✓	✓	9/8/99
8	✓	✓	9/8/99
9	✓	✓	9/8/99
10	✓	✓	9/8/99
11	✓	✓	9/8/99
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If more than 150 claims or 10 actions  
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